

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044743

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

211

Primary Registration District No.

4324

Registrar's No.

52-63

STATE FILE NUMBER

FILED DEC 12 1963

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Miller | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia | | Length of stay in 1b 10 hours | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital | | d. STREET ADDRESS (If outside, give location) Eldon | |
| 3. NAME OF DECEASED (Type or print) First MARY Middle JANE Last AHART | | 4. DATE OF DEATH Month November Day 30, Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-29-1877 |
| 9. AGE (last birthday) 86 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (City and state or country) Miller Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Nelson Wickham | | 13b. MOTHER'S MAIDEN NAME Sarah Ellen Boyd | |
| 14. NAME OF HUSBAND OR WIFE James M Ahart (dec.) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Ray Ahart St. Elizabeth, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Chronic with Acute Pyelonephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 5 yrs 4 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1942 to 1963 and last saw her alive on 11/30/63 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) M.E. Humpal D.O. | | 22b. ADDRESS Tuscumbia, Missouri | |
| 22c. DATE SIGNED 12/1/63 | | 22d. LOCATION (City, town, or county) (State) Miller County, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-2-1963 | 23c. NAME OF CEMETERY OR CREMATORY Jarrett Cemetery | 23d. LOCATION (City, town, or county) Miller County, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Scrivner-Stevinson Iberia, Mo. | | 25. DATE RECD. BY LOCAL REG. Dec. 5, 1963 | 26. REGISTRAR'S SIGNATURE Mrs. D.E. Kallenbach |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gayle Stevenson

Licensed Embalmer No.

5201

P. O. Address

Jena, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.